FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Mail Processing Section

JUL 28 2008

Washington, DC

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FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OM	B Ac	proval

OMB Number: 3235-0076 Expires: May 30, 2008 Estimated average burden hours per response . . . 16.00

SEC USE ONLY							
Prefix	Serial						
DATE RI	ECEIVED						
	.1						

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Offering of shares	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section	4(6) D- HLOF
Type of Filing: ☑ New Filing □ Amendment	I MANUARIAN I AND
A. BASIC IDENTIFICATION DATA	1 1 2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.	r seems bester study delicer brink dump felter brinks 1988 felter
The Ecoarb Fund Ltd.	08056951 _
Address of Executive Offices (Number and Street, City, State, Zip Code)	Terepriorie realistes (
P.O. Box 800, Road Town, Tortola VG 1110, British Virgin Islands	+1-284-494-7065
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Private investment fund	
Type of Business Organization	
_ , , , , , , , , , , , , , , , , , , ,	ase specify): a company limited by shares
☐ business trust ☐ limited partnership, to be formed	CESED
Month Yes	FROCESOES
Actual or Estimated Date of Incorporation or Organization: 0 5	8 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S	tate; JUL 3 1 2000
CN for Canada; FN for other foreign jurisdiction)	JUL 3 1 2008 THOMSON REUTER

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00)

,	A. B	ASIC IDENTIFI	CATION DATA									
2. Enter the information requ	ested for the follow	ving:										
 Each promoter of the 	issuer, if the issue	r has been organized w	ithin the past five years;									
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 												
Each executive office and	er and director of co	orporate issuers and of	corporate general and man	aging partners of	partnership issuers;							
Each general and man	naging partner of p	artnership issuers.										
Check Box(es) that Apply:		Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner							
Full Name (Last name first, i Cheval, Bruno	f individual)	<u>, , , , , , , , , , , , , , , , , , , </u>										
Business or Residence Addre												
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, i Muzika, Yann	f individual)											
Business or Residence Addre Flat 42G Block 5, Seaview Cre			ode)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐General and/or Managing Partner							
Full Name (Last name first, i Fiduciary Group Limited	f individual)											
Business or Residence Addre												
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner							
Full Name (Last name first, i	f individual)											
Business or Residence Addre	ess (Number and St	reet, City, State, Zip C	ode)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner							
Full Name (Last name first, i	f individual)											
Business or Residence Address (Number and Street, City, State, Zip Code)												
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐General and/or Managing Partner							
Full Name (Last name first, i	f individual)											
Business or Residence Addre	Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

					E	3. IN	FORI	MAT	ON A	ABO	UT O	FFERING				
1. H	as the i	ssuer s	old or	does th								s in this offerin		Yes	No ⊠	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										£100 i	00.00					
2. W	hat is t	he min	ımum	investn	nent th	at Will	be acce	ptea m	om any	/ inaivi	auai?					
3. D	oes the	offerir	ıg pern	nit join	t owner	rship o	f a sing	le unit	?						Yes ⊠	No
of an as	mmiss: fering. d/or w	ion or If a poith a st	similar erson to ate or s	remun o be lis states, l	eration sted is list the	n for so an asso name o	olicitati ociated of the b	on of p person proker	ourchas or age or deale	ers in int of a er. If i	connectors the connec	or given, direct tion with sales r or dealer regis an five (5) per- tion for that br	of securition of stered with sons to be l	es in the the SEC listed are		
Full N N/A	lame (I	ast na	me firs	t, if ind	ividual)										
Busin	ess or I	Residen	nce Add	iress (ì	Number	and S	treet, C	ity, St	ste, Zip	Code)						
Name	of Ass	ociated	l Broke	r or De	aler											
	in Wha											***************************************	🗀 All	States		
`[AL]		[AZ]			[CO]				(FL)		[HI]					
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[IM]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	(WY)	[PR]				
Full N	lame (I	ast nai	ne first	t, if ind	ividual)						,				
Busin	ess or F	Residen	ice Add	iress (1	Number	and S	treet, C	ity, Sta	ate, Zip	Code)						
Name	of Ass	ociated	Broke	r or De	aler						·······				·	
	in Whi				-											
(Chec	k "All	States	s" or c	heck is			-						🗖 All	States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]				
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MM)	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI] Full N	[SC] lame (L	[SD] ast nar	(TN) ne first	[TX] t, if ind	[UT] ividual	[VT])	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		· · · · · · · · · · · · · · · · · · ·	· ·	
						-										
Busin	ess or F	Residen	ice Add	iress (1	Number	and S	treet, C	ity, Sta	ite, Zip	Code)						
Name	of Ass	ociated	Broke	r or De	aler	•								_		
	in Whi k "All												🗆 All	States		
-	[AK]								[FL]							
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	(NE)	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
ודמו	(ec)	[CD]	[TN]	וציניו	[TEP]	(ver)	[1772]	נאאו	ונאנו	[WT]	[WV]	(DD)				

{00577121; 1; 1466-2}

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OFFERING PRICE.	
NUMBER OF INVESTORS.	
EXPENSES AND	
USE OF PROCEEDS	

already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer-			
ing, check this box \(\preceq\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged.			
Type of Security		Aggregate Offering Price	Amount Already Sold
Debt	\$	0	\$ 0
Equity: Shares	-	1,000,000,000*	
□ Common □ Preferred	•		
Convertible Securities (including warrants)	\$	0	\$ 0
Partnership Interests	\$	0	\$ 0
		0	- \$ 0
Other (Specify)	\$	1,000,000,000*	
	Þ	1,000,000,000	
Answer also in Appendix, Column 3, if filing under ULOE			
 Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." 		Number Investors	Aggregate Dollar Amount Of Purchases
Accredited Investors		4	\$ 1,017,615*
Non-accredited Investors		0	\$ 0
Total (for filings under Rule 504 only)		N/A	\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
Type of offering		Type Security	Dollar Amount Sold
Rule 505		N/A	\$ <u>N/A</u>
Regulation A		N/A	\$ <u>N/A</u>
Rule 504		N/A	\$ <u>N/A</u>
Total		N/A	\$ <u>N/A</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$
Printing and Engraving Costs		_	\$
Legal Fees		5 7	\$ 10,000.00
Accounting Fees			\$
Engineering Fees			•
			<u> </u>
Sales Commissions (Specify finder's fees separately)	••••		\$
	••••		\$ \$ \$ 10,000.00

sales may be significantly lower.

	C. OFFERING PRICE, NUM	IBER OF	INVEST	ORS, EX	PENSES AN	D USE OF	PRC	CEEDS
5.	b. Enter the difference between the a Question 1 and total expenses furnished the "adjusted gross proceeds to the issue Indicate below the amount of the adjuster of the purposes shown. If	d in response	to Part C-Q	r used or pro	This difference is possed to be used	: [\$9	99,990,000.00
	an estimate and check the box to the let equal the adjusted gross proceeds to tabove.	ft of the estin	nate. The to	tal of the pay	ments listed must	:		
	above.					Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees					\$ 0.00		\$
	Purchase of real estate			••••		\$ 0.00		\$
	Purchase, rental or leasing and ins	tallation of m	achinery an	d equipment		\$ 0.00		\$
	Construction or leasing of plant by Acquisition of other businesses (in	cluding the v	alue of secu	rities involve		\$ 0.00		\$
	this offering that may be used in e another issuer pursuant to a merge					\$ 0.00		\$
	Repayment of indebtedness					\$ 0.00		\$
	Working capital		••••			\$ 0.00		\$
	Other (specify) Investment Capit	al				\$ 0.00	Ø	\$ 999,990,000.00
						\$ 0.00		\$ <u> </u>
	Column Totals	***************************************	•••••			\$ 0.00	_ 🗷	\$ 999,990,000.00
	Total Payments Listed (column to	tals added)				⊠	\$_999	9,990,000.00
		D. FEI	DERAL S	IGNATU	RE			
follo	issuer has duly caused this notice to be sowing signature constitutes an undertakinest of its staff, the information furnished	ng by the isst	er to furnis	h to the U.S.	Securities and Ex	change Commi	ission	, upon written
	er (Print or Type) Ecoarb Fund Ltd.	Signature	NOW	A	Date July	th, 2008		
Nan	ne of Signer (Print or Type)	Title of Sign	er (Print or	Type)				

ATTENTION

Director

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

EMO

Bruno Cheval